ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Dupont Hospital

City: Fort Wayne County: Allen Year: 2004

Provider Type: General Acute Hospital

	I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge	
Burn Care	0	0	0	\$0	
Cardiac Intensive	0	0	0	\$0	
ICU Med/Surg	4	157	326	\$3,517	
ICU Neonatal	14	189	3,486	\$34,581	
ICU Pediatric	0	0	0	\$0	
Medical/Surgical	24	1,778	4,906	\$2,260	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	40	1,982	5,168	\$5,525	
Pediatric	4	188	368	\$1,993	

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	86	4,294	14,254	NA
Normal Newborn	20	1,728	3,716	\$1,425

II. Outpatient Visits				
Circulatory System	1,512	Digestive System	2,575	
Endocrine System	2,163	Injuries and Poison	5,325	
Mental Disorder	270	Musculoskeletal	5,190	
Neoplasms	1,512	Nervous	1,101	
Respiratory	2,841	Urinary	5,297	
Other/Unknown	26,150	Total Visits	53,936	
Number of Visits to Emergency Department				
Percent of Emergency Department Visits of Total Visits			29.2%	

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Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
N - CT Scanner	Y - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
N - Hospice	N - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	N - Optometric Service	Y - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	N - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure NR =		Not reported

<u>Health Care Regulatory Services</u>

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